

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten date]</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten date]</i>
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten date]</i>
RESPONSE FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten date]</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

Index of Claims (continued)



Application No.

09/656,173

Examiner

Joseph T. Weitach

Applicant(s)

WEST ET AL.

Art Unit

1632

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim	Date
Final	Original
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152	✓
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